

# Our

# Mentally

# Retarded

**A Committee Report of the  
Family & Child Welfare Division**

Joseph R. Kingman III, Chairman

**DECEMBER, 1956**

COMMUNITY  
WELFARE COUNCIL  
404 SOUTH 8th STREET  
MINNEAPOLIS 4, MINNESOTA



# Community Welfare

## Council OF HENNEPIN COUNTY

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February 27, 1957

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Mr. Robert Gunderson, President  
Minneapolis Association for Retarded Children  
321 Kresge Building  
Minneapolis 2, Minnesota

Dear Mr. Gunderson:

I am pleased to forward herewith a copy of our committee's study on "Our Mentally Retarded" which was undertaken at the request of the Minneapolis Association for Retarded Children.

Our committee was greatly assisted in its deliberations by the excellent cooperation it received from agency representatives who met to discuss programs, gaps in services and other problems relative to the field of retardation. The committee is conscious of the need for increased community awareness of the problems of retarded children and adults, yet is encouraged by the quite rapid advances which have been made in recent years in the development and expansion of necessary programs.

It is the earnest hope of the committee that this report will serve as a stimulus to bring together a broad segment of our community's responsible citizenry to promote the necessary mosaic of cooperative planning for our retarded. At the same time we would anticipate that other communities throughout the country will be alert to this same need for local action as the testing area for developing national programs.

Implementation of report recommendations is certainly the next important step. We plan, therefore, a report meeting shortly to consider ways of developing a continuing program for planning and coordinating services.

Sincerely yours,

*Geo. S. Titus.*

George S. Titus  
Chairman  
Family & Child Welfare Division

*Joseph R. Kingman III*

Joseph R. Kingman III  
Chairman  
Committee on Services to  
the Mentally Retarded

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SERVICES TO THE MENTALLY RETARDED

IN

HENNEPIN COUNTY, MINNESOTA

DECEMBER 1956

A. STUDY BACKGROUND

1. Request

In March, 1956, the Community Welfare Council received from the Minneapolis Association for Retarded Children a letter informing the Council of a resolution passed by the Association's Board of Directors on March 17, to wit:

"That the Board of Directors of the Minneapolis Association for Retarded Children earnestly requests the Community Welfare Council to take the leadership and responsibility for conducting a study and survey of the problems of mental retardation in Minneapolis, and to make recommendations on the programs and community organization needed to solve these problems in the best interest of retarded persons.

"It is suggested that the Community Welfare Council proceed in its own manner, select its own committees and procedures, and coordinate with existing agencies for the retarded."

On March 19 the Council Executive Committee voted to accept this request and referred the study to its Family & Child Welfare Division. It was agreed that the committee would - to the extent possible - consist of persons not identified with specific programs in the field of mental retardation but who were interested in the area of effective community planning. Mr. Joseph R. Kingman III, First National Bank of Minneapolis, accepted the chairmanship and the committee held its first meeting on April 12, 1956.

2. Committee on Services to the Mentally Retarded

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First National Bank of Minneapolis

Vice-chairman

Dr. Maynard Reynolds

Psycho-Educational Clinic  
University of Minnesota

Members

Marvin Borman

Maslon, Kaplan, Edelman, Joseph &  
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Attorney, The Milwaukee Road

Bert Russick

Mid-Continent Surveys

Mrs. Dorothy Touhey

Central Personnel Service

Judge Betty Washburn

Municipal Court

Staff

Edwin P. Bradley

Family & Child Welfare Division  
Community Welfare Council

\* \* \* \* \*

### 3. Plan of Committee Study

The initial meeting was essentially an orientation session related to the study request, a brief look at mental retardation, together with a look at the services to the retarded in Minneapolis and Hennepin County. As a result of the meeting, certain definitions and a plan of study were decided upon. It was agreed that the purpose of this study is not related to a definition of numbers of mentally retarded in and out of the community. Time limits, lack of facilities for an accurate accounting and differences of opinion by persons closely identified with retardation about the retarded population were important factors in the committee's decision. Suffice it to say that the committee recognized the general scope of the situation and saw it as an important community problem. It was further agreed that the committee would concern itself with those children whose limited, defective or deficient intelligence resulted in individual, family and community problems. Not included in the scope of this study are those children whose functioning and/or adjustment is affected by emotional problems and in whom there is no evidence of mental deficiency.

The method of study approved by the committee was a series of conferences with agencies providing service programs to the mentally retarded. For several months on a weekly basis, committee members met with agency representatives to gain some increased understanding of individual programs and to discuss gaps in programming, problems of service, future plans and other related questions. Information about the kinds of services offered by these agencies will be found in the appendix of this report. The findings, conclusions and recommendations of the committee are related to the total study and not the direct result of any one of these conferences. It should be borne in mind too that here and now - in December, 1956 - these are the results of the committee's study. Continuing evaluation and study must be

encouraged. It cannot be over-emphasized that, while the problem of mental retardation is not a new one, the attention and interest in causation, research, services and needs of the retarded are all of recent vintage. As a community, we need a much expanded knowledge of the what and why of retardation to give us a better picture of where we go from here.

It becomes necessary to elaborate a little further on some of the above statements. It soon became apparent to the committee that there is confusion and lack of agreement as to terminology amongst those closely identified with retardation. This lack of agreement, as well as the factors cited above, makes it literally impossible to cite anything other than purely arbitrary figures as to how many retarded there are in the community.

In this report we shall use the term 'retarded' to cover the subject, but in doing so, we are aware that the term is but loosely defined.

After World War II there was a successful effort on the part of welfare people and parents' groups to take the colloquial harshness and ridicule out of such terms as 'idiot,' 'imbecile,' and 'moron,' and the over-all embracing term 'feeble-minded.'

In spite of the harshness of these terms, they were, nonetheless, quite precise in meaning. As they related to IQ determinations, written descriptions, and laws, they described people quite accurately. English laws defined 'idiots,' 'imbeciles,' and 'morons.'

The State of Minnesota, which has always been a leader in the United States in showing its compassion for such people, took pains to define them in legal terms in 1917.

The 1917 law states: "The term 'feeble-minded persons' in this act means any person, minor or adult, other than an insane person, who is mentally defective as to be incapable of managing himself and his affairs, and to require supervision, control, and care for his own or the public welfare."

Whereas the legal definitions have used social competence as the primary criteria, it has been generally accepted that a person with an IQ of under 70 would be one most likely to be judged "feeble-minded" by the courts.

In 1947 the term "mental deficient" was, by law, substituted for the term "feeble-minded" in the 1917 Minnesota law.

Section C of this report will discuss the institutional care of the retarded and other services supplied by the Hennepin County Welfare Board. This care and service is for the primary benefit of persons who have been judged mentally deficient as the result of a commitment court hearing. The 1917 law established the criteria used to judge the individual.

It was during this same period, due to the understandable social pressures, that the terms "idiot," "imbecile," and "moron" were used less and less until today they have practically disappeared in most general publications. Unfortunately, however, no other terms, as widely used, and as precisely defined, have come into being.

In this report we will adopt the terminology of the American Association on Mental Deficiency and use the term "custodial" (IQ 0-25) in place of "idiot," and the term "trainable" (IQ 25-50) in place of "imbecile."

It is when one considers the group with IQ's above 50 that the real confusion begins. The vast majority of the retarded have IQ's above 50. It would be highly impractical, unnecessary, and morally wrong to institutionalize all such people. It is a matter of philosophy, accepted by most, that institutionalization should not be resorted to arbitrarily but that it be considered along with all alternatives in seeking to arrive at the best plan for each child.



To state the matter another way, one may point out that the vast majority of the retarded are living at home, in the community. Thus, the matter of providing for their needs in the home community becomes a matter of utmost concern. Those with IQ's above 50 are usually not mentally deficient in the socio-legal sense, but they often require special class services in the local schools.

Recognizing this, the State Legislature, as early as 1915, passed legislation enabling the establishment of special classes for those children whose handicaps, physical and mental, were so severe as to require services not available in the regular public school program. Many other laws pertaining to this matter have been passed subsequently.

This program has progressed until today it is the practice in most of the large schools to have special classes for children who cannot learn as rapidly as do the children in regular school classes.

The following is the terminology now most commonly employed in describing children in these special classes:

- a. Educable - those individuals for whom "some likelihood of self-support can be anticipated in their future" (in the sense that) ... "self-support includes some degree of occupational, economic and social independence, even though supervision is necessary depending on the nature of the community and the individual's personal development and his opportunity for adjustment." In relation to intelligence quotient, the educable group is in the range of approximately 50 to 80.
- b. Trainable - ... "those retarded in mental capacity below the level of self-support, but for whom a positive result can be anticipated in education of social, emotional, physical as well as more commonly accepted patterns of learning." In relation to intelligence quotient, the trainable group is in the range of approximately 25 to 50.

An additional comment is necessary concerning the educable retarded. Although children with IQ's as high as 80 can be placed in special classes in Minnesota, it is clear that not all children with IQ's in the range 50-80 should be placed in such classes. Indeed, such a practice would require "special classes" for at least 6 to 8 percent of all children. The best estimate is that only about 2 percent of all children need to be placed in classes for the "educable." This carries the implication that all children with IQ's below 80 should not be considered mentally retarded; even those who are in special classes should probably not be so labeled. It should be recognized that school grouping plans are simply practical devices used for educational purposes and do not carry any necessary meaning insofar as socio-legal definitions of mental deficiency are concerned. Only one percent or less of the general population can be considered mentally deficient in the socio-legal sense. It has been suggested that the terms "mentally deficient" and "mentally retarded" be used only for that smaller group of social incompetents and severe retardates who do meet the socio-legal criteria. This is urged partly because some of the higher-grade "educables" become aware that they are in classes for the "mentally retarded" and suffer unnecessarily for reason of the label.

## B. A BRIEF HISTORY OF SERVICES FOR THE RETARDED

The retarded have undoubtedly been recognized in all periods of history. Organized attempts to study and train the retarded go back no more than two centuries, however. The work of Itard in the late 18th and early 19th centuries is usually identified as the beginning point in scientific study of the retarded. His study and teaching of "The Wild Boy of Aveyron" stimulated interest among physicians and educators in the problems of the retarded. Following closely the work of Itard, came the development in this country of residential centers for the retarded. Seguin, a student of Itard, who came to this country about midway in the 19th century, was highly influential in the establishment of these facilities. It was assumed by these early workers that the problem of mental deficiency was largely educational. The teaching methods advocated were directed to the improvement of physiological and sensory capacities, as a condition to improved perception, discrimination, judgment and behavior.

Residential centers were established with the hope that mental deficiency could be cured, or at least so considerably ameliorated that many of the retarded would be returned to the community after a period of training. It was the practice in early days to accept only high-grade retarded individuals for institutional placement. Unfortunately, it proved impossible to remove the basic deficiencies of those placed in institutions so orientation shifted gradually from "training" to "custodial care" for most patients.

Early in the 20th century, a second important movement in the field of services for the mentally retarded was observed in this country. This was the establishment of special classes for "educable" mentally handicapped in public schools. This type of program has continued to grow rapidly over the past half century. Statistics reported by the United States Office of Education

indicate that in the period from 1922 to 1952, the number of children in special classes in city school systems throughout the country increased by about 500%. In Minnesota the trend has been less uneven as seen by the following figures from the State Department of Education:

	<u>Grade &amp; High School Enrollment</u>	<u>Special Class Enrollment</u>	<u>% of Total Enrollment</u>
1936-37	530,485	3,455	0.65
1952-53	540,425	2,499	0.46
1955-56	602,110	3,179	0.53

It can easily be seen that enrollment in special classes for the mentally retarded decreased from 1936-37 to 1952-53 but that the trend upward has now begun and indicates a concern for providing such classes.

Patient populations in residential schools and hospitals have approximately tripled in just the past quarter century for the country as a whole. The tendency in the last fifteen years at least has been to institutionalize only the severely retarded or those of higher grade who have been shown to be socially incompetent. Institutionalization tends also to be done at earlier ages than ever before. Increasing responsibility for the "educable" groups is being placed with public schools.

Despite the earlier and increased institutionalization of the "trainable" child in recent years, it appears that the single most important development in the last half of the 20th century will be the development of community services for the trainable. Some professional people hold strongly to the view that most of the severely retarded will eventually be institutionalized and that large-scale development of community programs for them may be premature. Dr. Salvatore DiMichael, Executive Director of National Association for Retarded Children, argues, however, that this reluctance to push development of community services for the trainable retarded does not make sense now.

At a recent conference, he said "Perhaps social conditions of ten or twenty years ago might have caused this view to be self-evident, but the present measures and improvements in services are changing the picture radically. It only remains, I believe, to gauge the magnitude of the change."

1. What Accounts for the Rapid Development of Services Now?

What are the factors which account for this rapid acceleration in development of facilities for the retarded? The general moral tendencies of western civilization, as reflected in compulsory school-attendance laws, expanded welfare services, improved public health standards, and the like, lead almost inescapably to increased concern for the handicapped. Developments in all aspects of health, education and welfare activities have been particularly accelerated in the last half century. The development of skills and information in the social and medical sciences has also been important, and with this has come what might be termed a more enlightened public view of the deviant individual. Improved economic circumstances have made it possible for more families to keep their handicapped members in the community and made public and private support of services feasible. At the same time, the urbanization of our population and the increasing complexity of our way of life have made the retarded individual more conspicuous - and in some respects increasingly retarded. Advances in medical sciences have probably increased, in both relative and absolute terms, the number of retarded persons in our society. More of those with congenital defects are kept alive and more of those who suffer through an exceptionally difficult birth and various disabling diseases continue to live for longer periods of time than ever before. This increased longevity has meant that available institutional space has had to be held for a gradually aging group and that the young retarded have had to wait for long periods of time for institutional placement.

Widespread attention to the problem of mental retardation and the great numbers involved was certainly stimulated by World Wars I and II when large segments of the population were given IQ tests.

This total economic-technical-social-moral spirit of the times explains some of the recent developments of services for the retarded. The formal organization of groups of parents of retarded children has undoubtedly served as the crucial "catalytic agent" and given tremendous pace to developments in the past half dozen years.

Programs for retarded children are taking many forms. At state and community levels a great many planning councils and committees have been established in the past several years to plan and develop programs for the retarded. "Total" community plans are being advanced with good hope of realization, including diagnostic centers, special classes in schools, home training services, parent consultation and social services, recreation programs, day care centers, sheltered workshops, special camps, vocational training and placement services, special Sunday schools, Boy and Girl Scout troops, etc.

Since, even in the most advanced communities, such plans have hardly advanced beyond the formative stage, most programs are in the beginning stages of their ultimate development.

## 2. What About Developments in Minnesota and Hennepin County?

The discussion thus far has been general. Does it describe the history and current status of facilities for the retarded in Minnesota and Hennepin County? The answer generally is affirmative, with the qualification that Minnesota and Hennepin County have done relatively well in providing for the retarded in some areas. This can be said despite the fact that needs for further developments in most areas are great.

Minnesota made provision for a residential school shortly after its admission to the union. As early as 1915 Minnesota provided subsidies to

public schools which established special classes for the retarded. The legislation of 1915 and 1917 established Minnesota in an early position of leadership in providing services through county welfare boards. Minnesota was one of the three first states to authorize the establishment of experimental special classes for "trainable" children. The recent development of coordinated school-vocational rehabilitation programs in Minneapolis has provided a model for the entire country. Through the efforts of such pioneers as Fred Kuhlmann, E. J. Engberg and Mildred Thomson, Minnesota has provided more than its share of research and leadership in the field. There has been outstanding opportunity in the Hennepin County area to observe the development of parent associations for retarded children. Beginning informally in the mid-1940's, the Minneapolis Association for Retarded Children grew rapidly and acted as host in 1950 to the founding convention of the National Association for Retarded Children. This important organization now has offices in New York City, but Minneapolis parents of retarded children can look back with pride to its founding in this city.

The pace of development of services for the retarded has been relatively rapid in Hennepin County in the past half dozen years. Many of the agencies described in later portions of this report were founded in just this brief period. Programs of official agencies have been accelerated; parent groups and various voluntary agencies have played a strong role in the development of facilities. At State level in Minnesota, the current Interim Committee of the Legislature on Handicapped Children, the Governor's Committee on Exceptional Children and the obvious interest of the several departments of the State Government in the problems of the retarded give promise that progress will continue to be made in this important field.

### 3. A Summary Orientation

From the foregoing brief account of the history of services to the retarded, certain general guide lines for considering the further needs in Hennepin County may be drawn:

- a. This relatively "good start" in providing services and facilities for the retarded in Minnesota makes it appropriate that plans for the future be pointed more to the expansion and improvement of existing facilities than to the development of totally new services. This is not to suggest that the existing services are in any sense totally adequate but rather that a fair comprehensiveness of types of services does exist and that present agencies seem to need and to be ready for expanded services.
- b. So many aspects of programming for the retarded, particularly for "trainable" children, are so new that it seems appropriate to view most programs for the retarded as experimental. In providing for expanded and new services it is, therefore, important to make specific provision for evaluation.
- c. The State Government of Minnesota, and lately the Federal Government, seem ready to provide increasing funds to develop and support services to the retarded. Voluntary organizations might well explore these resources before embarking on large fund-raising projects to support professional services.
- d. Many aspects of services to the retarded are controlled by legislation, policies and standards, etc., of the State Government in Minnesota and just recently several important planning bodies in this field at State level have been formed. It is important to relate all plans and activities to possible developments at the State level. This applies particularly to the schools and to county welfare board services.



C. INSTITUTIONAL CARE FOR THE MENTALLY RETARDED

Although this committee was requested to study and survey the services to the retarded in Hennepin County, it soon became evident that any effective local community program depends on adequate institutional facilities, generally on a State level. Such State facilities are needed for those retarded who cannot remain in the community. Some attention was given to the institutional situation in Minnesota, with particular reference to its relationship to Hennepin County (population about 750,000).

Minnesota provides institutional facilities for approximately 5,400 retarded children and adults. Admissions to State institutions are handled on a county basis - by the Hennepin County Welfare Board in this community. Commitment can be made to the State Commissioner of Public Welfare. This provides protective status to the mentally retarded person. In effect, commitment establishes a partnership plan between the parents and the State who share the responsibility of caring for the retarded person. The State's responsibility is carried by the local welfare board while the person remains in the community as well as when he is institutionalized. While commitment generally has as its focus ultimate institutionalization of the retardate, this does not follow in all cases. The Hennepin County Welfare Board can and does provide casework service, vocational assistance, psychological testing, referral and information service, etc., to the retarded person and his family. The Welfare Board also provides temporary foster care placement for retardates who are awaiting institutionalization and for emergency reasons must be removed from their own homes. Such care is not a substitute for institutional care. When such foster care is needed, it is a plan cooperatively worked out by the parent, the local relief agency if the parent is unable to assume full cost of care\*, and the Hennepin

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\* At the present time, the Hennepin County Welfare Board does not provide funds directly in this service. The parents need either to meet the total cost or apply for supplementary financial assistance from the local relief agency. Such a plan has resulted in certain administrative problems so that,

at this time, the Hennepin County Welfare Board is exploring the possibility of assuming responsibility for that part of the cost the parent cannot meet when the local relief agency is unable or unwilling to do so. The township system of relief in Minnesota creates real problems in effective service to the retarded and to those legally responsible for him. In Hennepin County alone there are 49 separate municipal governments with which the County Welfare Board and the relatives negotiate for relief payments for care when the family is unable to meet total cost of such foster care placement. Abolishment of the township system of relief has long been proposed by certain legislators, social workers and others close to the problem. Such abolishment would greatly facilitate service to the retarded.

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County Welfare Board. Following placement of the child in the foster home, a Welfare Board caseworker assumes responsibility for supervising the home and casework service to the child, parents and foster parents. At the same time, the caseworker continues a close relationship with the State Department of Public Welfare regarding available institutional space for the retardate. At the present time approximately 80 children are in licensed foster homes supervised by workers of the Hennepin County Welfare Board. The Hennepin County Welfare Board is active with about 2,000 committed retarded children and adults. Approximately 1,150 of these are in State institutions, and about 180 are on an active waiting list for space in these State institutions. Of the balance, some are in their own homes (as are those on the waiting list) or homes of relatives, and a few are temporarily living in boarding homes. The problem of the waiting list will continue until the yearly discharge rate from State institutions is as large as the yearly rate of those seeking admission. It is estimated that this condition will be reached when the population of the retarded in the State institutions reaches 7,500.

The committee did not consider the question of planned release of retardates from State institutions. Crowded institutional conditions and optimum service to individuals make this an important study. While institutional facilities may continue to be expanded, it is unlikely they will, in the foreseeable future, meet the total need for the mentally retarded on a State or local basis.

Therefore, each community should take an objective and introspective look at its own local facilities for the retarded. Closely associated with this is the need to evaluate - or at least raise the question - whether retardates in institutions are there because they truly ought to be or because of local gaps in community planning and failure to provide programs for them in their home communities.

D. COMMUNITY SERVICES FOR THE MENTALLY RETARDED IN HENNEPIN COUNTY

Retardation is continuous - psychologically and chronologically. In any community there are retarded persons who vary in degree of retardation from those needing complete custodial care to those who with proper training and supervision can be partially or totally self-supporting. A community program, therefore, must be related to the needs of all retarded and the responsibility of the community as a whole for our mentally retarded cannot be stressed too much. A satisfactory program grows out of the cooperation of many groups and agencies working together in a common cause.

Any study plan to evaluate programs for the retarded in Hennepin County must include the following:

1. Diagnosis, treatment and parent consultation.
2. Research.
3. Pre-school needs.
4. Educational needs.
  - (a) Special classes;
  - (b) Training programs for the retarded adolescent and the young adult.
5. Sheltered workshops and rehabilitation.
6. Special service personnel.
7. Recreation and camping.
8. Public interpretation, social legislation.
9. Inter-agency coordination and communication.

Each of these areas was explored by the committee in agency conferences and in its own discussions.

1. Diagnosis, Treatment and Consultation

Because retardation has to do with intellectual development, adjustment to society, and the lack thereof, a primary service is diagnosis.

Granted that retarded children have the same basic needs of all children - food, clothing, shelter, love, affection, attention, education, training, etc. - the problem is to determine the limits of the child's capacity in these areas as a means of refining general programs for these specific groups or individuals. The goal is to provide equivalent, though not necessarily identical, opportunities for the handicapped mentally retarded child and adult. Diagnosis reveals the individual's capacity which is a base for planning and guidance. Diagnosis involves not merely psychological testing but also an appraisal of the medical and social aspects of the child's adjustment.

For a variety of reasons, parents may not early be aware that their child is retarded. "He's just slow;" "He'll grow out of it;" "Give him time;" "Wait till he goes to school;" are among the many statements such parents will hear. Always, however, they will wonder! - at least until they have been able to have a complete evaluation. Then having been told that the child is retarded - to whatever degree and with whatever capacities he has to make an adjustment - comes the real blow. It is difficult to accept such findings. Parents need help and understanding, encouragement and assurance. Diagnosis then is not enough for it confirms only the fact that the child is retarded. What is the cause? What is ahead for him? Where does he go from here? What school/training/job possibilities are there? Should he be placed in an institution or kept at home? Who will care for him when his parents are no longer able? These are only a few of the questions which will plague the parents. And here is where the counselor, physician, psychologist or social worker can be of tremendous value to the child and to the family. For he can help the family realistically, yet effectively, face and plan for the future.

Various diagnostic and/or testing services are available in Henne-pin County at:

- (1) University Hospital Child Psychiatry Division of the Department of Pediatrics

- (2) University of Minnesota's Psycho-Educational Clinic
- (3) University of Minnesota's Institute of Child Welfare
- (4) Child Study Department of the Minneapolis Public Schools
- (5) Psychological services of Bloomington\*, Edina\*, Robbinsdale and St. Louis Park\* School Districts
- (6) Sheltering Arms
- (7) General Hospital Children's Neurological Center
- (8) Bureau for Psychological Services
- (9) Washburn Memorial Clinic
- (10) Private service

Agency people meeting with the committee disagreed on the need for a specialized diagnostic/treatment clinic exclusively for the mentally retarded. Diagnosis, treatment and parent counseling were recognized as a basic need but where some felt the need for new facilities, others suggested that present programs need to be expanded rather than new ones be established.

While social, educational and medical services have been helpful to parents and to retarded children, there were some concerns in this general area of diagnosis and treatment that were emphasized and which the committee shared with agency people:

- a. Available diagnostic resources are insufficiently known or understood by parents, doctors and other professional persons with the result that service to parents and the child often is delayed or not used.
- b. Casework service is often not recognized as an integral part of the diagnostic program. Failure to provide such counseling often leaves unresolved the parents' confusion, anxiety, etc., about their own role, service to the child, etc.

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\* Planned for 1956-57 school year.

- c. There has been limited long-range, continuing planning for the retardate and his family. Particularly is this important to those children not enrolled in special classroom programs.
- d. Diagnostic programs - lacking casework services - appear to make limited use of voluntary casework agencies for ongoing services to parents or mentally retarded children.
- e. Casework agencies have not fully explored the idea of "reaching out" to parents of mentally retarded children who do not actively seek service or who may resist such help.

## 2. Research

Research of a broad nature into causation, treatment, service, in the field of mental retardation has been limited. Nationally some trends are developing and Federal funds are being made available to encourage research in the field. Locally Sheltering Arms is perhaps the only agency directly involved in a research study, this being its own program of service to retarded children in both the educable and trainable groups. Several departments of the University and of the State Government are engaged in research concerning the mentally retarded, but generally these research efforts are not well-supported. Nothing should deter continuing research into the problems of retardation - causation, prevention, needed services, etc. - for out of this will come valuable guides to groups working with the retarded. Because the problem has such far-reaching implications, local, State and national research should be coordinated and priority should be given to research of a multi-discipline nature, including the fields of medicine, psychology, social work, education and others identified with programs and planning for the retarded. It would appear at this time that such coordination can most effectively be handled through the National Association for Retarded Children, the American Association on Mental Deficiency, and the various agencies of the United States Department of Health, Education and Welfare. The very recent appointment of a staff consultant in retardation to the Children's Bureau of the Federal Department of Health, Education and

Welfare should provide additional stimulation for such coordinated effort.

This is to suggest that research needs to be urged as an interest and concern of all individuals and groups. Fortunately Minnesota is now well represented on the Research Advisory Committee of the National Association for Retarded Children (Dr. Reynold Jensen and Dr. Sheldon Reed) and similarly in a project directed by an agency of the American Association on Mental Deficiency (Frances Coakley). However, it will be well to support all local and State interests in research by making provision for specific study of plans of these two organizations and of the Federal Government to see that opportunities for research projects in this area are realized.

### 3. Pre-school Needs

Our society has long recognized the value of providing nursery and day care programs, kindergarten, etc., for the pre-school child. These programs provide a transition from the "playing" stage to something approaching "school" and offer the child an opportunity to adjust to, live and work with other children.

Programs of this kind have very real meaning for the retarded child too. Agency representatives stressed the need for nursery and day care service for the young retarded child, as early as three or four years of age. Early efforts aid the later training of the retarded child. The day care or nursery program helps the parents as well as the child in that it gives them some sense of sharing their problem with others. It gives them relief temporarily from their otherwise 24-hour-a-day-care. It enables them to view their child in relation to the development and progress of his peers. It permits them to consider more objectively their own and the child's needs, thereby helping them make a more realistic decision about immediate and future plans for the child.



Such programs are needed especially for the trainable level child since the educable child is ordinarily accepted for nursery and kindergarten along with the child of normal intelligence.

The committee is encouraged by the development of such a program at the Elliot Park Neighborhood House, a settlement house supported through Community Chest funds, whose program for the retarded is made possible through funds provided by the Chest and the Minneapolis Association for Retarded Children.

#### 4. Educational Needs

##### a. Special Classes

Our present educational law provides a formalized program of teaching for children seven years of age through completion of high school. Within this program is included special education for handicapped children in Minnesota whose handicaps are "so severe that they require services not available in the regular public school program. By legislative enactment, State aid is available for the blind and partially blind, the deaf and the hard of hearing, the crippled, the mentally retarded and the speech defectives."<sup>1</sup> In most instances, the establishment of special educational programs is optional with local school boards.

By law (Laws 1949, Section 131.11) any school district, having applied for and been granted permission, may establish classes for the mentally retarded. Provision is made for both educable and trainable groups through Department of Education regulations.

In Minneapolis, 74 classes are provided for 1,125 Group I educable children. Three classes for the Group II trainable children are in operation at Sheltering Arms. The situation in Hennepin County is not as inclusive as it is in Minneapolis. While 7 of the suburban school districts are moving along fairly rapidly in establishing 13 Group I classes and one Group II class,

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<sup>1</sup> Manual of Standards for All Public Schools, State Board of Education, Chapter X, Instruction of Handicapped Children.

it is the opinion of the committee - as a result of discussions with agency people - that these local school districts might evaluate even more closely their need for establishing even more Group I classes in their own communities or in cooperation with other school districts.

The area of educational responsibility for the Group II children is less well defined - even among the professionals there is difference of opinion - than for the Group I, despite the rapid advancement of such programs in other sections of the country.

At the point of recommendations concerning special classes for the retarded, it appears appropriate that a clear distinction be made between the Group I and Group II classes. With respect to Group I classes, it seems widely agreed that there are needs for establishment of additional classes. This appears particularly true in schools outside the City of Minneapolis. The major obstacle to further progress in Group I classes seems to be the shortage of well-trained teachers. The Minneapolis Association for Retarded Children is to be commended for its support of scholarships and special institutes for teachers. Every effort needs to be made to extend such activities.

With respect to Group II classes, it appears that both the local and State interpretation of existing classes is that they are on an experimental basis. Although it is widely agreed that there is public responsibility for trainable children, there has not been agreement that the public schools should expand their programs and take full responsibility for these children.

Although Minnesota has had some public school classes for trainable children since as early as 1934, it is within the past eight years that the issue of expanded services for the trainable has been raised. Recognizing that children of the trainable retarded level will always need protection, either in the home or some type of sheltered environment, it has been argued

by some that the basic responsibility for such children should rest with welfare agencies rather than the public schools. This argument is supported by the fact that most often classes of the Group II type, when located in the public schools, are quite clearly segregated from the total school program. There is also a question as to whether those in charge of the classes really need to be "teachers," in the usual sense, or might be persons having lesser or at least different formal training backgrounds. The essential problem, however, is one of providing a continuing and coordinated program for the trainable in the community which extends from the very earliest days of life of the child, including diagnosis, parent consultation, nursery age day care, school age programs, and on to programs for the post-school period.

In 1951 a committee was appointed by the State Commissioner of Education to study the problems of the trainable. The committee was composed entirely of professional people and it was the recommendation of that committee that basic responsibility for the trainable child should be placed with the State Department of Public Welfare, with local discharge of that responsibility through the county welfare boards. The committee also recommended that the public schools be authorized to conduct classes for the trainable when, in any particular community and for any particular children, that seemed the most feasible and appropriate plan. It was proposed that monies of the State Department of Education be made available to such classes when conducted in the schools, or in other centers (presumably in settlement houses, etc.).

The present committee takes note of the fact that despite the recommendations of the State committee referred to above, no final clarification of the issue of public responsibility for the trainable child has been reached. The Interim Committee on Handicapped Children of the State Legislature, which is now completing its studies, has not taken definitive steps in the matter.

Their current proposal is that the matter of Group II classes remain on a "permissive" basis with the school districts. It is understandable that the parents of retarded children have sometimes been impatient with respect to the solution of this basic issue of responsibility for the trainable.

As indicated above, the issue is not simply one of who, that is, welfare or education, is to take responsibility for the school program for the trainable. It involves the problems of continuing responsibility from the earliest years and on through the entire life span. It appears to this committee that the most appropriate coordinating agency is the county welfare board, although it concurs in the recommendation of the State advisory committee that this should not preclude participation of the public schools in appropriate parts of the total program. Neither should this plan make mandatory the provision of services by the public schools. Indeed, the present types of services as represented by the Elliot Park Neighborhood Day Care Service and the Sheltering Arms should receive public support - perhaps on contract with the county welfare board.

b. Training Programs for the Retarded Adolescent and the Young Adult

The public schools - under permissive legislation - provide special classes for older Group I educable children. Every effort is made to provide training either in the senior high school or vocational school geared to the individual needs and abilities. Not all children avail themselves of these programs and others are excluded because of their inability to profit from further schooling. In some areas there are not enough classes to meet the need. A recent Philadelphia study<sup>2</sup> points out that the status of the retarded young adult is ill-defined since there is "A demarcation between educational efforts to improve and develop the child and the economic demands that he become a useful member of the community." The report continues

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<sup>2</sup> A Study of the Problems of Mental Retardation in the City of Philadelphia, Philadelphia Committee on the Mentally Retarded, Feb. 1956, page 25.

that the "mere attainment of sixteen or seventeen years of life does not qualify him for maturity or the loss of support from the educational and training environment."

In Minneapolis, provision is made for some children in the Group I classes (IQ 50-80) to attend Vocational High School and other high schools. Special State aid for these children is available. Little is offered to the older retardate in suburban areas. These communities probably need to evaluate more closely the possibility of developing such programs.

#### 5. Sheltered Workshops and Rehabilitation

Training programs are closely identified with sheltered workshops and vocational training activities. Organizations and individuals often restrict their thinking about training to sheltered workshops exclusively. If the sheltered workshop becomes an end in itself and is seen only as providing a limited work situation for the retarded, it cannot meet the total need. Vocational training and sheltered workshops should be combined, although not necessarily in the same facility, with recognition that only a small percentage of the total group served should remain permanently in the sheltered environment. Permanent sheltered workshop retardates probably should never be a significantly large proportion of the total group. The greater proportion should be in training for employment in the competitive community.

At present we have a pioneer effort in the field of sheltered employment and vocational training for the retarded at Opportunity Workshop. There is some thinking related to expansion of this facility and to encouragement of other specific efforts to do more in the vocational training field. In addition, the Minneapolis Schools have increasingly stressed secondary educational programs of vocational orientation. Less has been done on vocational training in the schools in the suburbs in Hennepin County. It appears clear that there is now, and is likely to continue to be a residual group of

teen-age and young adult retarded who will need help in vocational training outside the schools.

Increasing development of work programs in the community needs to be given serious consideration by those close to the problem. For what kinds of work can retarded at varying age and intelligence levels be trained? What preliminary interpretation to prospective employers needs to be done? What follow-up counseling help should be provided the employer and employee? Encouraging progress has been made in this area, particularly by the Hennepin County Welfare Board, yet the possibilities of such employment on a broader base requires further study.

#### 6. Special Service Personnel

The rapid development of interest in mental retardation in recent years has far out-distanced the number of available trained personnel working with retardates. There are evidences everywhere of trained personnel shortages in these programs. Teachers in the special education field, psychologists and social workers, are in demand all over the country so that the age-old problem of supply and demand creates serious situations in the field of direct service. Recognition of the need for particular programs does not produce trained people. This is one of the most serious barriers to more adequate care to the retardate in the immediate future.

#### 7. Recreation and Camping

While recreation is included in day care, nursery, school and other programs, focus in this section is on recreational facilities pure and simple for the retarded. Recent developments in this area have been the provision of a boy and girl Scout Troop for retardates. One area that is, however, developing is the establishment of "Fun Clubs," usually for retarded 16-18 years of age and up, within settlement houses. At the encouragement, and with the assistance, of workers of the Hennepin County Welfare Board, such a program was

begun at Elliot Park Neighborhood House several years ago. Within the past year a similar program has developed at North East Neighborhood House. They are meeting a real need and are well attended. Each of these programs is receiving support through the Community Chest & Council of Hennepin County and the Minneapolis Association for Retarded Children. The fun club for older retarded children is staffed by a group leader from the Minnesota Department of Welfare. The Hennepin County Welfare Board furnishes a social worker for each of these groups.

Camping for the retarded is an area of service which is receiving increasing attention in the community. Serving Hennepin County residents are the Silver Lake Island Camp operated by the Salvation Army and Rolling Acres Camp, a service program of the Retarded Children's Foundation, and a day camp operated by Minneapolis Association for Retarded Children. The Minneapolis Association for Retarded Children participates financially in each of these while the Community Chest is involved in the Silver Lake program by virtue of its relationship with the general Salvation Army program. There does not appear to be an urgent need for expansion of present camp programs.

#### 8. Public Interpretation, Social Legislation

Despite the increasing awareness of the problem of retardation; the increasing availability of Federal, State and local funds for research, service programs, etc.; the expanding education and welfare services that have been increasingly alert to the needs of retarded and have developed programs for this group; and the development of local facilities - recreational, work, diagnostic and others; - much is yet to be done in acquainting the public with the needs and problems of the retarded. The Minneapolis Association for Retarded Children is in a good position to assume major responsibility for that interpretation.

In the field of social legislation, the Minneapolis Association for Retarded Children has taken leadership and, along with professionals in the field,

has promoted an enlightened and expanded program of service to the retarded. Such leadership, cooperating and coordinating activities with those of other organizations active in the field, promises much in this legislative area.

9. Inter-agency Coordination and Communication

In the Minneapolis and Hennepin County area there are nearly 25 different agencies providing services to the mentally retarded children and adults. Agencies whose primary service is to this group and which had conferences with this committee expressed concern about real and potential gaps in coordination and communication and services. Since concern is for the development of an adequate and effective total community program for the retarded, the agency representatives felt that some dynamic ongoing coordinated program was advisable to help plan for a well-balanced and complete service to offset the probability of over-emphasis or neglect of a particular type service. Such coordination, it was felt, could best be achieved by establishing an "Inter-agency Coordination Committee on Retardation" which would hold regular meetings of a planning and discussion nature. Coordination of program and planning is already being achieved informally and a considerably more forceful and wide-reaching plan can be effect through the development of such a committee structure, these representatives feel.

Several agencies in conference with the committee suggested the possibility of coordinated fund-raising for agencies serving the retarded. It was pointed out that this is not now a problem but one which should be explored early if this committee is to be established.



#### E. THE MINNEAPOLIS ASSOCIATION FOR RETARDED CHILDREN

The Minneapolis Association for Retarded Children was organized in December, 1946. Other associations across the country are not much older. Counted in the annals of time, ten years of life is not a long time. Actually, however, the Association should be viewed as the result of generations of concern about retarded children. Seen in this light, it has a heritage many times ten years.

It is important to realize that the Minneapolis Association of 1946-1956 has been one of the driving forces behind the development of a nationally coordinated program for all similar groups interested in retarded children. The Minneapolis Association was the host to a meeting of concerned groups and individuals out of which developed the present National Association for Retarded Children.

The Minneapolis Association in a few short years finds itself in a role of examining, clarifying and solving a problem which long preceded it. It is faced with the need to develop a broad community and legislative awareness and concern about the problems of a sizable part of our population. In August, 1955, the Association hired its first paid, full-time executive director. Thus it passed an important milestone: the departure from a total volunteer organization to the development of a beginning professional program. Having come to this point, it is natural that the Association should examine critically and carefully its role, its responsibility in the total community mosaic of service to the retarded.

In these ten short years the Minneapolis Association for Retarded Children has moved along positively, with conviction and determination. It has seen its function as providing parents of retarded children with an opportunity to meet with others who are experiencing or have experienced similar problems; as interpreting retardation to the general public and to the legislature;

as identifying needs and gaps in service; as an organization to assist and encourage groups and programs financially and otherwise in the development of services. The Minneapolis Association for Retarded Children has a long list of achievements and has much reason to look with pride upon its ten years of growth.

It has been said that no one can remain in one place; either he must go forward or backward. The Association now, with open mind, is at the point of examining its past and its present in terms of charting its future. As a base of reference, it might be well, therefore, to look to what others have written about the role and function of such a group as the Minneapolis Association.

Speaking in November, 1954, at the National Convention, Dr. Salvatore G. DiMichael, Executive Director of the National Association for Retarded Children, cautions groups about "potential weaknesses" in organizations:

1. Selfish self-interest of parents.
2. Interest in only one type of facility.
3. Interest in an exclusively parents' organization.

The National Association, like its affiliates, is committed "To promote the general welfare of mentally retarded children of all ages everywhere: at home, in the communities, in institutions, and in public, private and religious schools." (NARC Constitution) Stated in another way, "NARC and each member unit must work for a total and comprehensive program for all the retarded."

In a recent editorial,<sup>3</sup> Eric Sandahl makes the further point that " ... too many parents' groups misconceive their function as that of a social welfare or educational organization offering direct services to the retarded on a more or less permanent basis." Mr. Sandahl continues that associations

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<sup>3</sup> Children Limited, Bimonthly newspaper of the National Association for Retarded Children, June 1956.

be continually wary of becoming involved in any direct service program which is not stamped "temporary" even though temporary may become an extended period of time.

With these ideas forming a backdrop for committee thinking, the following section enumerates recommendations to be considered by the Minneapolis Association for Retarded Children and others serving the retarded. These recommendations are not necessarily listed in the order of their importance.

## F. CONCLUSIONS AND RECOMMENDATIONS

Minnesota, and in particular Minneapolis, has developed a relatively good beginning program of service to the retarded. Services presently being provided are basically sound although there is some unevenness - qualitatively and quantitatively - in programs and staff performance. It is expected that progress will continue. In a very real sense, however, such growth and development will be reflected in the stimulation and encouragement of organizations serving, and interested in, the retarded.

In the light of these observations, the committee makes the following recommendations. Special attention is given to the role and function of the Minneapolis Association for Retarded Children.

1. Early diagnostic service is of primary importance in the field of mental retardation. The committee feels that there are sufficient numbers and varieties of agencies offering diagnostic services and recommends early expansion of these facilities. A separate diagnostic clinic exclusively for the retarded does not appear indicated at this time.
2. Providing adequate diagnostic facilities does not necessarily result in the most effective use of them. It is, therefore, recommended that the Minneapolis Association for Retarded Children take the leadership in developing a broadened community awareness of retardation with special emphasis on the early use of diagnostic services.
3. Diagnosis alone meets only a part of the problem. Without adequate auxiliary services which assist the parents with their concern, anxiety and confusion, there cannot be complete help. It is, therefore, recommended that diagnostic services either include casework service within the total program or that these diagnostic services establish a workable plan of referral to casework agencies for ongoing service to the parents and the child.

4. Oftentimes it is difficult for people to seek out help. This is no less true of parents who learn they have a retarded child. It is, therefore, recommended that casework agencies planfully develop a "reaching out" service to those parents referred by doctors, psychologists, etc.
5. Research in the areas of causation and prevention of mental retardation and in the care and treatment of the retarded is receiving increasing attention on the Federal, State and local levels. It is recommended that such studies be supported by groups serving the retarded and that every effort be made to correlate and disseminate these findings through the National Association for Retarded Children.
6. The Minneapolis Association for Retarded Children has played an important role in the promotion of the State and national organizations. Since so many aspects for programming for the retarded are controlled by State level statute and standards, it would appear especially important that Minneapolis Association for Retarded Children take steps to strengthen the Minnesota Association for Retarded Children. For example, it would appear that the State organization would be the proper agency to promote adequate institutional facilities and programs for the retarded. It is, therefore, recommended that the Minneapolis Association continue to give strong support to the State and national organizations.
7. To promote effective legislation for the retarded, the Minneapolis Association and other groups should continue to make known the needs of the retarded in the community and in institutions. It is recommended that collaborative efforts with other organizations concerned with the handicapped (blind, deaf, cerebral palsied, etc.) be continued as a practical means of securing effective legislation.

8. Mental retardation is closely identified with the more general field of mental health. It is, therefore, recommended that discussions be held with the Minnesota Mental Health Association to consider areas of common concern and planning.
9. The Minneapolis Association for Retarded Children and other organizations serving the retarded need to extend their influence and leadership by including community leaders and influential citizens who may not be parents of retarded children in taking an active role in the development of programs for the retarded. It is, therefore, recommended that these organizations broaden their membership base and seek leadership in the general community.
10. The Minneapolis Association needs to give serious consideration to priorities of program. This is to say that of the many needs cited in this report only a few can be given intensive consideration at any one time. The Association must, therefore, decide for itself whether it wishes to give more attention, for example, to expanded day care facilities, vocational training facilities or personnel needs, etc. When specific projects are undertaken, there is good opportunity to involve a variety of community agencies and individuals to enhance the Association's leadership potentialities.
11. Special workshops on retardation, sponsored cooperatively with the University of Minnesota, provide opportunities for exchange of ideas, development of new programs, etc. The Minneapolis Association is to be commended for its support of such workshops and it is recommended that these continue to be adequately supported and encouraged by organizations serving the retarded.

12. The Minneapolis Association for Retarded Children has provided invaluable service to parents of retarded children and to staff in various agencies by their appreciation and recognition affairs, etc. It is recommended that such programs continue and that they be increased if possible.
13. The committee is conscious of the recent development of a program of Federal allocations for research, demonstration programs and training of personnel in the field of mental retardation. It is, therefore, recommended that a committee of professional and interested lay people examine carefully the full import of these allocations so as to consider the possibilities of obtaining grants for projects in the Hennepin County area.
14. The rapid development of programs and interest in the retarded suggests the need for close coordination of, and cooperation among, services to the retarded, whether they be direct or indirect programs. It is, therefore, recommended that groups interested in the retarded meet together at an early date to consider the practicality and feasibility of establishing a plan of coordination and cooperation. The question of joint fund-raising should be considered by such a group. It is, therefore, recommended that the Community Welfare Council take responsibility for calling such a meeting but that continuing responsibility reside within the group itself.
15. The continuing shortage of special service personnel portends increasing problems in the development of adequate programs for the retarded - in the community, in school and in institutions. It is, therefore, recommended that organizations serving the retarded consider means of attracting qualified persons into these special fields. It is further recommended

that the possibility of an expanded program of scholarships, fellowships and stipends for graduate field placements in the fields of education, social work, psychology, medicine, etc., be explored.

16. Despite the fact that there are many unmet needs among the educable retarded, it is well established that the schools carry a primary responsibility for this group. It is recommended that every effort be made to expand and improve the present Group I class provisions in the county. Special efforts need to be made in the county outside the City of Minneapolis. In all parts of the county there is need for strong efforts to improve and extend high school level programs for the educable. Efforts also need to be made to strengthen the relations between the secondary schools and the State Division of Vocational Rehabilitation so that the educable retarded shall have all needed services at the time of "school-leaving." The committee recognizes the many unmet needs of the educable retarded, but believes there is no essential issue as to public responsibility. The problems are primarily in the area of public education and implementation.
17. It is recommended that a concerted effort be made by all agencies of the county concerned with the retarded to obtain a State level clarification as to full responsibility for the trainable retarded. The committee realizes there is some basic difference of opinion on this but above all else is the need for clarification of responsibility. In the best judgment of the committee, therefore, it is recommended that attempts be made to obtain legislation which will assign to the State Department of Welfare, and through that Department to the county welfare boards, the basic responsibility for trainable children. This responsibility should include coordination of all types of services: diagnosis, continuing parent



consultation, day care, school programs, sheltered workshops, etc. The committee believes that State aids, including school aids, should be made available to communities of the State to support the variety of services needed. The committee feels a certain reticence in making this recommendation, but does so in view of the urgency of the situation. It has also taken into consideration the fact that the only official State committee to make a specific recommendation on this problem has recommended a similar pattern of services. Although the committee is aware that some parents feel strongly that responsibility should be placed with the public schools, it has appeared that the parents generally are more concerned that a basic policy decision be made than that the matter remain unresolved. It is clearly the view of the committee that the legislation should authorize the schools to participate in a total program for the trainable, but also that there should be public support for day care programs, sheltered workshops, etc., outside the school setting. For those familiar with plans for the trainable in other states, the present committee recommends essentially the "Ohio" plan, but with features which take advantage of the unique strengths afforded by our county welfare board services.

18. It is recommended that all groups interested in the retarded make every effort to coordinate their concerns with the deliberations of the State Interim Commission on Handicapped Children and the Governor's Advisory Committee on Exceptional Children.
19. The growth of school psychological services in suburban Hennepin County is encouraging. It is recommended that consideration be given to means of further development of such programs in other school districts.

20. Sheltered workshops have developed over the country for handicapped groups. Basic questions have arisen over the practicality of sheltered workshops for the mentally retarded only. It is, therefore, recommended that specific attention be given to the possibility of establishing or expanding a sheltered workshop for the handicapped to include the mentally retarded.
21. Vocational training for the retarded is an important though relatively unexplored service program for the retarded. Although the Minneapolis Public Schools provide a vocational training program for some retarded individuals, such training is relatively undeveloped in the remainder of Hennepin County. There is, likewise, no adequate training program for adult retardates. It is, therefore, recommended that this situation be explored with the State Division of Vocational Rehabilitation and the Governor's Advisory Committee on Vocational Rehabilitation.
22. The development in the general community of boy and girl Scout Troops, special religious training programs, day care facilities, fun clubs, camping programs, etc., for the mentally retarded should be commended. Possibilities of State support (See #17 above) of day care centers should also be explored.
23. The term "day care facilities" as used in this report relates to the Elliot Park type activity which furnishes services for small children of the trainable classification. Another facility, which might be designated as a day time activity is needed for the older retarded who, for one reason or another, are not employed or attending any other facility, such as special classes, sheltered workshops, or vocational training facilities.

## SERVICES TO THE MENTALLY RETARDED IN HENNEPIN COUNTY

Listed below are the primary services available to mentally retarded children and adults in Hennepin County. Every effort has been made to include all programs; any exclusions are regretted.

### I. CAMPING FACILITIES

#### A. Rolling Acres Camp Schutz Lake

GR. 4-9563

Operated by the Retarded Children's Foundation, a non-profit corporation supported by parents and friends of retarded children. The Camp is open for ten weeks beginning in mid-June. Accommodations are available for fourteen children per week with the possibility of extended camping for those who can and wish to remain beyond one week. Approximately 100 individual children can be accommodated. Campers must be at least seven years of age and must be ambulatory, toilet trained and able to feed themselves. Family picnic plans for all retarded, their parents and friends can be arranged. Limited year-round emergency boarding care is available. For further information call or write Mrs. D. J. Little, 2626 Vincent Avenue North, Minneapolis 11, Minnesota - JA. 1-2416.

#### B. Silver Lake Island Camp for Mentally Retarded

ME. 3-3153

Salvation Army Camp, 3481 Silver Lake Road, New Brighton, Minn.

The 1956 camping session ran four weeks and served 71 children in three different periods. Selection of campers and length of session were related to individual needs, abilities and ages. Minimum age was 11 years. For further information call Mrs. Laura Zemlin, UN. 9-3241 at Opportunity Workshop.

### II. COMMUNITY PLANNING SERVICES

#### A. Hennepin County Welfare Board

FE. 9-1662

134 Court House, Minneapolis 15, Minn.

The Medical and Mental Health Division of Hennepin County Welfare Board offers casework services for mentally retarded and/or epileptic children and adults. Anyone wishing to discuss this service or make a referral may call or write "Intake for Mentally Retarded and Epileptic Units." When service beyond Intake is indicated and desired, assignment is made to one of eleven caseworkers comprising two units. With consent of parents, reports from physicians, psychologists and teachers are obtained as an aid in determining the degree of mental retardation and the kind of help needed.

Casework services are frequently related to making specific plans or using specific resources desired for or by a retarded or epileptic person. It is possible to meet needs through individualized planning for:

1. State guardianship;
2. State institutional care;
3. Private boarding or residential care;
4. School training (public or private);
5. Care in the home;
6. Use of recreational, day care or workshop facilities as well as
7. Finding employment and living arrangements for adults who are retarded or epileptic or
8. Helping toward finding other means of affecting a better community adjustment.

When boarding care is needed, financial assistance is available in full or in part if parents are unable to meet this expense. When there is awareness of financial need other than for boarding care, referral to local relief agencies is made.

B. Minneapolis Association for Retarded Children  
321 Kresge Building, Minneapolis 2, Minn.

FE. 5-6839

Robert Gunderson, President  
 Gerald Walsh, Executive Director

An association of persons concerned with the problems and needs of mentally retarded children and adults. Membership is open to parents and friends of the mentally retarded and to other professional and interested persons.

Referral and information service, community interpretation, research, promotion of, and cooperation with, local, state and national programs and a library of materials on retardation are basic elements of the Association's program.

Monthly meetings are held on the 4th Thursday of each month at the North American Life & Casualty Building auditorium, 1750 Hennepin Avenue, at 8:00 p.m. These meetings serve to provide expert professional information about the problems of retardation to parents and other interested people, and to provide a common meeting ground for parents to share experiences.

C. Minnesota Department of Public Welfare, Section for Mentally Deficient & Epileptic

117 University Avenue, St. Paul 1, Minn.

CA. 2-3013

Miss Mildred Thomson, Supervisor

The Section for Mentally Deficient & Epileptic represents the Commissioner of Public Welfare as guardian of persons committed as mentally deficient or epileptic. As county welfare boards have the responsibility for actual supervision, the Section sets policies and directs the program in the counties in planning. It also has responsibility for cooperation and leadership in all activities which will be of benefit to mentally retarded persons.

### III. DAY CARE AND TRAINING PROGRAMS

- A. Elliot Park Neighborhood House FE. 5-8759  
Special Day Care Center FE. 5-3435  
2215 Park Avenue, Minneapolis 4, Minn.

Miss Barbara Reuter, Director

A day care center for 30 mentally retarded children between the ages of 4 and 10 years and with I.Q.'s ranging between 25 and 50. The center is open Monday through Friday from 8:00 a.m. to 3:00 p.m.

- B. Opportunity Workshop, Inc. UN. 9-3241  
6315 Penn Avenue South, Minneapolis 23, Minn.

Mrs. Laura Zemlin, Director

A non-profit corporation with a sheltered workshop and vocational training center for mentally retarded persons 14 years of age and over. A five-phase program is offered: evaluation; personal adjustment development; vocational training; work; placement.

Referrals are made to Opportunity Workshop from Visiting Teachers of Minneapolis and suburban schools, Minnesota Division of Vocational Rehabilitation, University Hospitals, Hennepin County Welfare Board, Family & Children's Service, court and probation offices, and individuals.

- C. Shakopee Home for Children Shakopee 296  
Shakopee, Minnesota

Clara Thune, Superintendent

This is a cottage at the Shakopee Reformatory authorized by the State Legislature for use for the mentally retarded. At present time care is being given to 30 severely retarded girls, ages 4 to about 12. Training consists mostly of social and habit training.

These are children who have been placed under the guardianship of the Commissioner of Public Welfare. When it is advisable because of age and when space is available, they will be transferred to either the Faribault State School and Hospital or Cambridge State School and Hospital.

### IV. DIAGNOSIS, TREATMENT AND CONSULTATION

- A. Bureau of Psychological Services CA. 2-3013  
Minnesota Department of Public Welfare  
117 University Avenue, St. Paul 1, Minn.

Psychological study and diagnosis of children by a group of trained psychologists who travel about the state. Primarily available in rural and suburban areas; testing arrangements are made through the local county welfare boards.

B. Public Schools, Hennepin County

Diagnostic and/or testing services are available in the following school districts:

1. Bloomington
2. Edina
3. Richfield
4. Robbinsdale
5. St. Louis Park

C. Public Schools, Minneapolis

FE. 2-4284

807 N. E. Broadway, Minneapolis 13, Minn.

1. Child Study Department

Psychologists of the Minneapolis Public Schools test students referred for special class and recommend placement indicated by such testing. Children assigned to classes for the retarded continue their eligibility for re-testing.

D. Sheltering Arms, The

PA. 2-6603

4330 W. River Road, Minneapolis 6, Minn.

Harriet E. Blodgett, Ph. D., Director (See Minneapolis Public Schools)

Psychological studies of children not attending school available to parents concerned with problems of retardation, at no fee, to limit of staff time.

E. University of Minnesota

Minneapolis 14, Minn.

1. Institute of Child Welfare  
Child Welfare Building

FE. 2-8177  
Ext. 166

Dale Harris, Ph. D., Director

Study and evaluation of retarded and suspected retarded children, particularly the pre-school group. Consultation with parents for planning most effective program for child.

2. Department of Pediatrics, Child Psychiatric Department  
University Hospitals, 412 S.E. Union

FE. 9-7311

Reynold A. Jensen, M. D.

Study and evaluation of mentally retarded children. Arrangements are made for hospitalization at University Hospitals on a short-term basis. If care is not available, arrangements are made through the local referring physician and the family for assistance at whatever facility might be available, according to the medical condition of the patient. All patients must be referred by a local attending physician.

3. Special Education Laboratory, Psychoeducational Clinic  
108 Pattee Hall

FE. 2-8158  
Ext. 6673

Maynard C. Reynolds, Ph. D., Director

Diagnosis and consultation concerning handicapped children, particularly in reference to school planning. Services to the mentally retarded are in areas of psychometrics, educational diagnosis and parent consultation.

## V. EDUCATIONAL FACILITIES

### A. Private School Programs

1. Hammer School

GR. 3-9601

16400 Wayzata Boulevard, Wayzata, Minn.

Miss Evelyn Carlson, Director

Residential care and school training for not more than 30 mentally retarded children over 5 years of age. Applications are considered individually by the director on the basis of the child's needs and the school's ability to meet them.

2. Home Study School, Inc.

UN. 9-3543

6301 Penn Avenue South, Minneapolis 23, Minn.

Mrs. Louise Whitbeck Fraser, Director

Day school for not more than 52 mentally retarded children between the ages of 4 and 18 years. Acceptance is based on the rate of progress the child can make. They must be ambulatory, toilet trained, and able to feed themselves.

### B. Public School Programs

1. Minnesota Department of Education

CA. 2-3013

301 State Office Building, St. Paul 1, Minn.

T. C. Engum, Director, Division of Elementary and Secondary Schools

The program of work for the mentally retarded throughout the state is incorporated within the Division of Elementary and Secondary Schools in the State Department of Education for Minnesota.

2. Bloomington Consolidated Schools

TU. 1-2621

3701 W. 108th St., Bloomington, Minneapolis 20, Minn.

Two classes in elementary school, one in junior high school for Group I mentally retarded (I.Q. 50-80).

3. Columbia Heights Public Schools

SU. 8-0851

4101 N. E. Jackson, Minneapolis 21, Minn.

One class at elementary level for Group I mentally retarded (I.Q. 50-80).

4. Hopkins Independent School District #225  
1001 Highway 7, Hopkins, Minn.

WE. 5-2147

One class in elementary school, one in junior high school for Group I students (I.W. 50-80). One class of 8 pupils with I.Q. under 50.

5. Minneapolis Public Schools  
School Administration Building  
807 N. E. Broadway, Minneapolis 13, Minn.

FE. 2-4284

Rufus A. Putnam, Superintendent of Schools

There are 74 special classes for mentally retarded children in the Minneapolis Public School program classified as follows:

- 69 classes of children in Group I (I.Q. 50-80)
- 3 classes of children in Group II (I.Q. 50 and below)  
(These classes are held at Sheltering Arms. See below.)
- 2 classes of multiple handicapped (retarded and crippled) at Michael Dowling School

Of these 74 classes, 43 are elementary grades and 31 secondary.

Entrance age is 7 years and the maximum size of class is 18 in a building where there are two or more classes, and 15 where there is one class.

6. Minnetonka School District #7  
Excelsior, Minnesota

GR. 4-8865

One class at elementary level for Group I mentally retarded (I.Q. 50-80).

7. Mound Public Schools  
Mound, Minn.

One class at elementary level for Group I mentally retarded (I.Q. 50-80).

8. Richfield Public Schools  
7001 Harriet Ave. So., Richfield, Minneapolis 23, Minn.

UN. 6-8431

Three classes are maintained for the elementary children of Richfield who are mentally retarded, Group I (I.Q. 50-80). They are located in the Woodlake School, 66th & Dupont Avenue South.

9. Robbinsdale Independent School District #24  
5214 - 37th Ave. N., Robbinsdale, Minneapolis 22, Minn.

JU. 8-2743

One class at elementary level, one class at junior high level for Group I mentally retarded (I.Q. 50-80).

10. St. Louis Park Independent School District #205  
6425 W. 33rd St., St. Louis Park, Minneapolis 26, Minn.

WE. 9-2651

One class at elementary school level, one class at junior high level for Group I mentally retarded (I.Q. 50-80).



11. Sheltering Arms, The  
4330 W. River Road, Minneapolis 6, Minn.

PA. 2-6603

Harriet E. Blodgett, Ph. D., Director (See Minneapolis Public Schools)

A day school and research program for mentally retarded children. Day classes for three groups of "trainable" level (Group II), one group of "educable" level (Group I). Present capacity of 46 children, in four classes established in cooperation with Minneapolis Public Schools. Research studies in progress concerning classroom behavior, methods of teaching, psychological measurements, counseling with parents, etc. Opportunities for students-in-training, in cooperation with University of Minnesota for field work experience.

12. Wayzata Public Schools  
Wayzata, Minn.

GR. 3-9021

One class at elementary level for Group I mentally retarded (I.Q. 50-80).

#### VI. RECREATION PROGRAMS

- A. Boy Scouts, Troop #166, Viking Council  
C/o Minneapolis Association for Retarded Children  
321 Kresge Building, Minneapolis 2, Minn.

FE. 5-6839

Don Johnson, Scoutmaster

Operated within the Viking Council, Boy Scouts of America, this program affords opportunity of scouting to mentally retarded boys aged 12-24. Approximately 17 boys are enrolled in the program especially adapted to their needs and abilities.

- B. Elliot Park Neighborhood House Fun Club  
2215 Park Avenue, Minneapolis 4, Minn.

FE. 5-8759

Arthur Goldman, Director  
Mrs. Shin H. Kim, Club Director

This program is under the direction of the Twin Cities Mental Health Clinic (State Welfare Department) and is an educational, recreational and social activity program for persons of both sexes aged 18 - 45. Meets on first and third Friday evenings of each month.

- C. Girl Scouts, Troop #744  
Home Study School, 6301 Penn Ave. So., Minneapolis 23, Minn.

UN. 9-3543

Program of the Girl Scouts of America, varied to meet the needs of girls at the Home Study School. Meetings held for one hour each Friday afternoon at the School.

- D. North East Neighborhood House  
1929 - Second Street N. E., Minneapolis 18, Minn.

ST. 9-2459

Lester L. Scheaffer, Director  
Mrs. A. Whittier Day, Club Director

Social group work program for mentally retarded adults, ages approximately 18 - 50, I.Q. below 50. Meets alternate Wednesday evenings 7:30 - 9:30. This is a cooperative project between North East Neighborhood House, Hennepin County Welfare Board, and the Minneapolis Association for Retarded Children.

## VII. RELIGIOUS PROGRAMS

- A. Hennepin Avenue Methodist Church  
Groveland & Lyndale Avenue South, Minneapolis 3, Minn.

Classes are held every Sunday from 11:00 a.m. to 12:00 noon. Classes are interdenominational and interracial. They are open to children of all ages. For information call FE. 2-2347.

- B. Our Saviour's Lutheran Church  
2315 Chicago Avenue, Minneapolis 4, Minn.

Classes are held each Sunday morning from 11:00 a.m. to 12:00 noon. Boys and girls of all ages are accepted. For information call FE. 5-5173.

- C. St. Luke's Episcopal Church  
Colfax Avenue So. & West 46th St., Minneapolis 9, Minn.

Classes are held each Sunday morning from 10:45 a.m. to 12:15 p.m. There are two groups, one for teen-agers and one for younger children. For information call Mrs. M. E. Cottrell at TA. 5-4001 or the church office, TA. 4-2697.

- D. St. Olaf's Roman Catholic Church  
805 Second Avenue South, Minneapolis 2, Minn.

Classes in religious instruction are held each Saturday morning at 10:00 a.m. Boys and girls of all ages are accepted. Emphasis is placed on individual instruction. No teacher in the program has more than three pupils. For information call Reverend Michael F. McDonough, FE. 2-7471.

- E. Victory Lutheran Church  
4301 Thomas Avenue North, Minneapolis 12, Minn.

Classes are held each Sunday morning from 9:30 to 10:30 a.m. For information call Mrs. J. M. Nelson, JA. 2-6286.